

Sample, Patient Beta  
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 Dartmouth, NS  
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 DOB: 1982/03/14  
 HCN: 0001 000 009

# The Diabetic Foot Risk Assessment

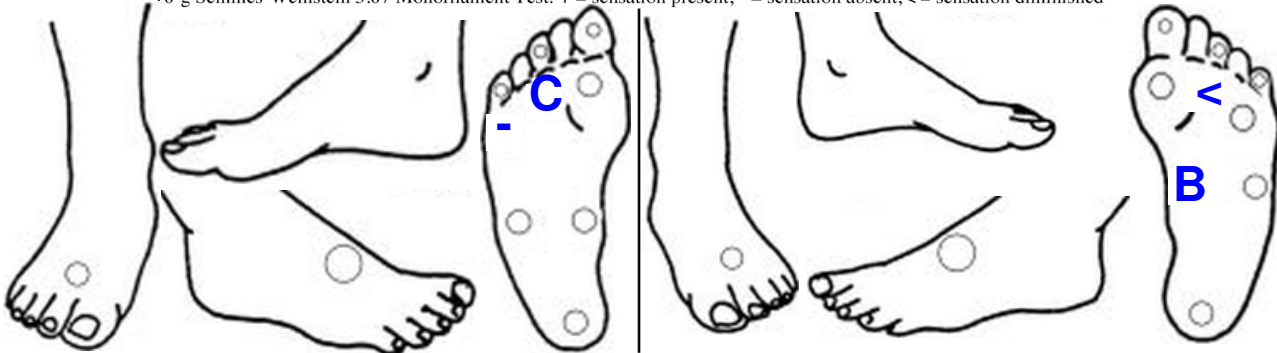
Complete during initial assessment and at follow-up visits as indicated.

SKIN/NAILS		STRUCTURE		VASCULAR	
<input type="radio"/> Dry	R L	<input type="checkbox"/> Hammer toes	R L	<input checked="" type="checkbox"/> Shiny skin	<input checked="" type="radio"/> R <input checked="" type="radio"/> L
<input checked="" type="checkbox"/> Sweaty	<input checked="" type="radio"/> R <input checked="" type="radio"/> L	<input type="checkbox"/> Claw toes	R L	<input type="radio"/> Hair Loss	R L
<input type="checkbox"/> Maceration	R L	<input type="checkbox"/> Overlapping digits	R L	<input type="radio"/> Edema	R L
<input type="checkbox"/> Fissure/cracks	R L	<input type="checkbox"/> Bunion	R L	<input type="checkbox"/> Edema (weeping)	R L
<input type="checkbox"/> Corn	R L	<input type="checkbox"/> Arch deformity	<input checked="" type="radio"/> R <input type="radio"/> L	<input type="checkbox"/> Cold skin	R L
<input checked="" type="checkbox"/> Blister	<input checked="" type="radio"/> R <input checked="" type="radio"/> L	<input type="checkbox"/> Amputation	R L	<input type="checkbox"/> Pallor/cyanosis	R L
<input checked="" type="checkbox"/> Callus	<input checked="" type="radio"/> R <input type="radio"/> L	<input type="checkbox"/> Other _____	R L	<input type="checkbox"/> Cap. refill > 3-4 sec	R L
<input type="checkbox"/> ↑Temp.	R L	<b>SENSATION</b>		<input type="checkbox"/> Absent dorsalis pedis	R L
<input type="checkbox"/> Skin breakdown	R L	<input checked="" type="checkbox"/> Diminished	<input checked="" type="radio"/> R <input checked="" type="radio"/> L	<input type="checkbox"/> Absent posterior tibial	R L
<input type="checkbox"/> Ulcer	R L	<input type="checkbox"/> Absent	<input checked="" type="radio"/> R <input type="radio"/> L	<input checked="" type="checkbox"/> Other <u>convallis luctus</u>	<input checked="" type="radio"/> R <input type="radio"/> L
<input type="checkbox"/> Thickened nails	R L	<input type="checkbox"/> Painful neuropathy	R L	<input type="radio"/> <b>NO PROBLEMS NOTED</b> <input type="checkbox"/>	
<input type="checkbox"/> Discolored nails	R L	<b>MOBILITY</b>		<p>Note: Assigned risk ratings serve as a guide. Clinical judgment is advised for more complex findings.</p>	
<input type="checkbox"/> Deformed nails	R L	<input type="checkbox"/> ↓ ROM: → toes	R L		
<input type="checkbox"/> Ingrown nails	R L	→ ankle	R L		
<input type="checkbox"/> Other _____	R L	<input checked="" type="checkbox"/> Gait abnormality (describe) <u>arcu eu fermentum</u>			

~~~~~**Right**~~~~~**Left**~~~~~

C=Callus; F=Fissure; D=Dryness; M=Maceration; B=Blister; E=Edema; U=Ulcer

10-g Semmes-Weinstein 5.07 Monofilament Test: + = sensation present; - = sensation absent; < = sensation diminished



### FOOT CARE/FOOTWEAR

- Poor foot hygiene (includes long or poorly shaped nails)
- Needs assistance with foot care (poor vision, ↓ mobility)
- Inappropriate footwear (poor style, condition, or fit)
- No Problems Noted**

### FOOT CARE EDUCATION

- Foot Care Questionnaire Completed
- Foot Care Education
- Foot Care Review
- Foot Risk Information Sheet Provided

### RISK CATEGORY

- Low (Green)**.....assess in 1 year
- Moderate (Amber)**.....assess in 4 to 6 months
- High (Red)**.....assess in 1- 4 months

### FOOT CARE REFERRAL

- Family Physician  Orthotist
- Foot Clinic  Other \_\_\_\_\_
- Podiatrist
- Wound Care/Vascular Service

Comments: *Sed facilis facilis tincidunt. Quisque id vulputate nulla, at rhoncus nulla. Morbi porta felis eu magna consectetur, ac laoreet dolor consequat. Aliquam rutrum enim eget quam lobortis, ac aliquam odio tempus. Etiam eleifend, eros vitae elementum faucibus, diam massa blandit orci, ut sagittis orci augue in nulla. Cras mattis nibh mauris, bibendum condimentum urna pulvinar a. Sed aliquet dui velit, sit amet rhoncus purus viverra eu. Vestibulum at egestas elit, in porta massa. Sed vitae purus fermentum, eleifend felis quis, euismod massa utpr.*

DR. REQUESTING PHYSICIAN

Signature: *[Signature]*

Date: 2014/05/07